## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01/06/2011</u>	Address:	106 E. 11 TH ST	
Case #:	<u>22F46873</u>		Aubum, IN	
County:	<u>DeKalb</u>		46706	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	□ Residence     □ Outbuilding     □ Vehicle	<ul><li>  Hotel/Motel</li><li>  Open − No Structure</li><li>  Other:</li></ul>	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)    Lithium/Ammonia Reaction(s): One-Pot				
Red Phosphorous/lodine Reaction(s):				
☑ Flammable Solvents: Coleman Fuel				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: Sulfuric Acid				
Corrosive Base: Ammonia Nitrate				
Other (item and location):				
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Fphedrin Retail/M	Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Complaint on Residence	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: Auburn Fire Department artment: Dekalb County ction Service: DCS	Fax: <u>260-9</u> Fax: <u>260-9</u> Fax: <u>260-9</u>	<u>25-2090</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Angela Handshoe</u> Phone <u>574-206-2931</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scone processing,

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.